STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Linda	S. Paquette		
II. Name of lobbyist's partnership, firm or corporation, if any:			
(Name of partn	ership, firm or corporation)		
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
• •	•		(
()(Telephone)	(Fa	e-maile	· · · · · ·
reportable expense transaction	ns which are not attributable	·	
	ecurring in the months prior to	the reporting date relative to the	following client:
New Futures, Inc (Full Na	me of Client as it appears on the I	obbyist Registration Form)	
OR			
☐ All reportable transactions by unrelated to any particular clien		bbyist's family), or the lobbying 1	irm listed below which are
-	6, 2017 [] nte of registration to 3/31/17	July 26, 2017 [] activity from 4/1/17 to 6/30/17	
	er 25, 2017	January 31, 2018 2. activity from 10/1/17 to 12/31/1	7
		te transactions made since the the Secretary of State's Office, Sta	
VI. Check if additional report	s are attached:		
*	•	file Addendum A- Fees and Exp	
If you have paid an honorar Expense Reimbursement	ium or reimbursed expenses, y	ou must file Addendum B-Repo	ort of Honorariums or
☐ If you, your firm, or your fa	mily has made political contri	butions, you must file Addendum	C- Political Contributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15-B and complete to the best of my (Signature of lobbyist)	, RSA 14-C and RSA 664 and	hereby swear or affirm that the fo	RECEIVED
Linda S. Paquette (Print Name of Johnyist)			JAN 22 2018

NEW HAMPSHIRE DEPARTMENT OF STATE